

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	AV		12-2-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		64674	3-2
	TAP	1110	01-19-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

• Do you want me to staple it? *Yes* *No* *Don't care*

88-101-101  
101-101-101

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